

## Risk Reduction and Suicide Prevention

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### Summary

The Army Suicide Prevention Program is available to all Soldiers, Army Civilians, and Family members to minimize suicidal behavior; thereby preserving mission effectiveness through individual readiness.

The purpose of the program is to train Soldiers, Leaders, Army Civilians, and Family members to recognize signs of suicidal behavior, understand the risks of suicide, learn intervention strategies, reduce stigma, and ensure individuals know how to refer individuals for follow-on support and care.

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### Suicide Myths and Facts

MYTH	FACT
People who talk about suicide don't commit suicide.	Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.
Suicide happens without warning.	Studies reveal that the suicidal people give many clues and warnings regarding their suicidal intentions.
Suicidal people are fully intent on dying.	Most suicidal people are undecided about living or dying and they "gamble with death", leaving it to others to save them. Almost no one commits suicide without letting others know how they are feeling.
Improvement following a suicidal crisis means the suicidal risk is over.	Most suicides occur within about 3 months following the beginning of "improvement", when the individual has the energy to put their thoughts and feelings into effect.

All suicidal individuals are mentally ill and suicide is always the act of a psychotic person.	Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy they are not necessarily mentally ill.
Most suicide attempts are during the winter holiday season.	Most suicide attempts occur in the spring-time when some individuals feel that new life is beginning for everyone except them.
Clinical depression is something that a person can just "snap out of."	It is a serious health problem that affects the total person physically, emotionally, and biochemically.
Depression is rare in young people.	The rate of depression in this group may be as high as one in eight. Also, it is estimated that two-thirds of young people will not get the help they need.
Suicide victims want to end their life.	Suicide victims want to end the terrible pain they feel. Death can seem like the only way out.
Talking about depression or suicide only makes things worse.	Talking is the first step toward help.
Telling someone that a friend might be depressed is betraying a trust.	True friends care enough about someone's well-being to get them help.

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### Resiliency Training Available Throughout the ARFORGEN Cycle

ARFORGEN Phase Cycle	Description of Training Events
Reset Phase	Provides a time when the unit should be taking full advantage of completing Soldier and Leader annual training, such as, ACE Peer Training and ACE or ASIST Training-for-Trainer since the focus is on unit level individual training. Additionally, as could occur during any of the ARFORGEN Phases, holidays and other stressors may be the most common triggers to conduct awareness training. Key events/triggers such as, families reuniting, ongoing economic challenges, involvement in serious misconduct, or concerns over future training/deployments provide opportunistic training at both the small unit level and individual Soldier level. Concerns over the end of Reset and beginning of the Train/Ready Phase will see the reemergence of collective training events which will start pulling Soldiers away from their families again, and at some point the unit will likely be notified for an impending deployment.
Train/Ready Phase	Initiates the reemergence of collective training events which will start pulling Soldiers away from their families again, and at some point the unit will likely be notified for an impending deployment. Assuming that Soldiers and Leaders were able to complete their annual training requirements during Reset, this phase will likely present opportunities to

	conduct periodic awareness training at the small unit level.
Deploy Phase	Includes pre-deployment and post-deployment / reintegration, pre- and post- R&R suicide prevention awareness training requirements. Additionally, key events/triggers throughout the deployment (combat stress experiences, suicide or death of another Soldier, holidays away from families, or problems back home) provide opportunistic training at both the small unit level and individual Soldier level. Maximizing time with Chaplains, Behavioral Health Care Specialists, and Combat Stress Teams, in addition to unit leaders during the deployment, in concert with rear-detachment capabilities supporting the families, will provide a multi-layered combination of resources.

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### **Quick Guide: ACE Suicide Intervention**

1. **Ask your Buddy**
  - a. Have the courage to ask the question, but stay calm
  - b. Ask the question directly, e.g. Are you thinking about killing yourself?
2. **Care for your Buddy**
  - a. Calmly remove any means that your buddy could use for self-injury
  - b. Do not use force
3. **Escort your Buddy**
  - a. Never leave your buddy alone
  - b. Escort to the Chain of Command, a Chaplain, a Behavioral Health professional, or a primary care provider

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### **Frequently Asked Questions**

#### **Q. What is ASIST?**

- A. Applied Suicide Intervention Skills Training (ASIST) training prepares caregivers to recognize individuals who are at risk and how to intervene to prevent the risk of suicidal thoughts becoming suicidal behaviors. ASIST is an Army G1 approved suicide intervention skills training for the Army. The 2-day workshop is recommended for "gatekeepers." Additionally, every Soldier has been trained in prevention and intervention, for example the Quick Guide: ACE Suicide Intervention is featured above.

#### **Q. Who are "Gatekeepers"?**

- A. Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to Soldiers and Civilians in need. Primary gatekeepers include chaplains, chaplain assistants, Army Substance Abuse Program (ASAP) counselors, and others as identified in AR 600-63, Chapter 4-4, j (4), Table 4-1. Secondary gatekeepers, such as military police, DoD school counselors, Red Cross workers, legal assistants, first-line supervisors, etc., are also listed in this table. Gatekeepers should attend the 2-day ASIST training workshop.

Prioritization for the training should be given to those who have the highest propensity for interacting with individuals having the highest risk for suicide behaviors.

**Q. Is suicide prevention training available for Families?**

A. Suicide prevention training is available upon request for adult Family members who choose to receive the training. Working through the Chaplain and Family Readiness Groups (FRG), or other installation resources, training and counseling is available.

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**Links**

- [Department of the Army G1 – Suicide Prevention](#)  
The Army G1's website for suicide prevention focuses on how the Army is dealing with the issue of suicide and suicide prevention for Soldiers and Family members.
- [ARNG Suicide Prevention](#)  
The ARNG's website for suicide prevention strives to improve readiness by facilitating the education of resiliency to both Soldiers and Family members.

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**References**

Regulations

- [AR 600-63, Army Health Promotion](#)
- [DA PAM 600-24, Health, Promotion, Risk Reduction, and Suicide Prevention](#)

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**Points of Contact**

- Military OneSource Crisis Intervention  
1-800-342-9647
- The Defense Center of Excellence (DCoE)  
1-866-966-1020
- Suicide Prevention Lifeline  
1-800-273-TALK (8255)
- Army G-1, Army Well Being Liaison Office  
1-800-833-6622
- Wounded Soldier and Family Hotline  
1-800-984-8523

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